

NORTH CAROLINA INFANT-TODDLER PROGRAM
Certificate to Award Credit for Completion of
Orientation to Early Intervention Online

Training Documentation

- Title Training: **NC Orientation Online**
- Staff Name: _____
- Date Completed: _____
- Competency: **Interagency and Community Process**
- Credit: *Check components completed and note hours*

Required *(not to exceed 5 hours)*

_____ Online Course

Subtotal hours__

Recommended *(not to exceed 5 hours)*

_____ Follow-up discussion

_____ Family perspective

Subtotal hours__

Suggested Supplemental Activities *(not to exceed 5 hours)*

_____ Observe services

_____ Acquire information

_____ Recognize collaboration

_____ Identify resources

_____ Participate in outreach

_____ Other (identify) _____

Subtotal hours__

Total hours (not to exceed 15) _____

Supervisor Signature _____